

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/613,146	
	Filing Date	July 3, 2003	
	First Named Inventor	Joel OVIL	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	62692.00002 (f/k/a 003394.P017)

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> with RCE <input type="checkbox"/> Extension of Time Request (in duplicate) <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Assignment <input type="checkbox"/> PTO Form 1595 Recordation Form Cover Sheet (in duplicate) <input checked="" type="checkbox"/> Revocation of Power of Attorney signed by Joel OVIL <input checked="" type="checkbox"/> Revocation of Power of Attorney signed by Liran BRENER <input checked="" type="checkbox"/> New Power of Attorney and Correspondence Address Indication Form (1 page) <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Marc A. Sockol, Reg. No. 40,823 Squire, Sanders & Dempsey L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043
Signature	
Date	March 11, 2004

**CERTIFICATE OF MAILING**

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08-21-2003 08:34

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PTO/SB/82 (08-03)

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**REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY**

Application Number	10/613,146
Filing Date	July 3, 2003
First Named Inventor	Joel Ovil
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	62692.00002 (t/k/a 003394.P017)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number: 30266

OR

☐ Firm or Individual Name

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Address

City

Country

State

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Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Joel Ovil

Signature 

Date

25/10/03

Telephone

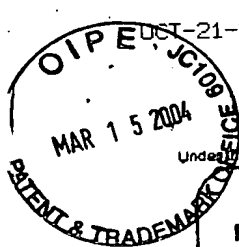
+27117284958

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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**REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY**

Application Number	10/613,146
Filing Date	July 3, 2003
First Named Inventor	Joel Ovil
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	62692.00002 (f/k/a 003394.P017)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

30256

OR

☐ Firm or Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Liran Brenner

Signature

Date

Telephone

+ 972 6783221

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/613,146
Filing Date	July 3, 2003
First Named Inventor	Joel Ovil
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	62692.00002 (f/k/a 003394.P017)

I hereby appoint:

☐ Practitioners at Customer Number

**OR**

☒ Practitioner(s) named below:

Name/Registration Number

Marc A. Sockol, Reg. No. 40,823; Vidya R. Bhakar, Reg. No. 42,323; Cameron K. Kerrigan, Reg. No. 44,826; David B. Abcl, Reg. No. 32,394; Nathan Lane III, Reg. No. 43,738; Michael A. Lechter, Reg. No. 27,350; David E. Rogers, Reg. No. 38,287; William R. Bachand, Reg. No. 34,981; William C. Steffin, Reg. No. 26,811; Les J. Weinstein, Reg. No. 19,625; Aaron Wlanger, Reg. No. 45,229; Paul A. Durdik, Reg. No. 37,819; Paul J. Meyer 47,791; Victor Repkin, Reg. No. 45,039; Alexander B. Ching, Reg. No. 41,669; Douglas H. Goldbus, Reg. No. 33,125; Kevin F. Turner, Reg. No. 43,437; Dianusia J. Doster, Reg. No. 45,268; Charles E. Runyan, Reg. No. 43,066; Stuart A. Whittington, Reg. No. 45,215; Sung I. Oh, Reg. No. 45,583; Doanice L. Kidd, Reg. No. 50,285; and Marc A. Berger, Reg. No. 44,029.

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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**OR**

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OR

☐ Firm or Individual Name

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City

Country

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Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Joel Ovil
------	-----------

**Signature**

Date \_\_\_\_\_

Telephone

SIGNATURE of Applicant or Assignee of Record

Name	Liran Brenner
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**Signature**

Date \_\_\_\_\_

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than two signatures are required, see below.

<input checked="" type="checkbox"/>	*Total of 1 form is submitted.
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☒ \*Total of 1 form is submitted.

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